Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	09/591,754
Filing Date	6/12/2000
First Named Inventor	Robert G. Walsh
Title	CARDIAC DISEASE TREATMENT AND DEVICE.
Art Unit	3763 / conf. 4758
Examiner Name	MAIORINO, ROZ
Attorney Docket Number	MARDI-1076237 (Formerly 94020U)

<u> </u>	**********************	000000000000000000000000000000000000000	***************************************		***************************************		
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith. OR			27111				
I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:							
OR Descript appoint Description (a) toward below as majors of temps (b) as a particle to a second of the second							
I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:							
Practitioner(s) Name	Practitioner(s) Name			Registration Number			
			••••••••••••	·····			
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	M0000000000000000000000000000000000000			
Please recognize or change the correspondence address for the above-identified application to:							
The address associated with the above-mentioned Customer Number:							
The address associated with Customer Numbe	271	111					
ОЯ							
Firm or Individual Name	•	***************************************	***************************************				
Address							
City		State	I		Zip		
Country Telephone		Email		••••••			
I am the:			***************************************	***************************************			
Applicant/Inventor.							
OR Assignee of record of the entire interest. See 37 CFR 3.71.							
Assignee of record of the entire interest. See 37 Statement under 37 CFR 3.73(b) is enclosed. (c		96) submitte	d herewith or filed o	n <u>8/25/2011</u>			
SIGNATURE of Applicant or Assignee of Record							
Signature			***************************************	Date	6 MANG 2-412-		
Name Jafres F. Buck Title and Company President and CEO, Mardil, Inc.				Telephone	952-255-9043		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one							
signature is required, see below*.							
*Total of forms are submitted.							

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form analysis suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.